



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 19, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001784

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]. [REDACTED],

On February 14, 2015, you submitted an application to the Marketplace in which you attested to an annual household income of \$46,020.00.

That same day, the Marketplace prepared a preliminary eligibility determination based on your February 14, 2015 application. It found that your spouse was eligible to receive an advance premium tax credit (APTC) of up to \$22.00 per month beginning March 1, 2015.

Also on that same day, you spoke with the Marketplace's Account Review Unit and appealed the February 14, 2015 preliminary eligibility determination.

On February 15, 2015, the Marketplace issued a notice of eligibility determination based on your February 14, 2015 application. It stated that your spouse was eligible to receive up to \$22.00 per month of APTC effective March 1, 2015. The notice further stated that she was not eligible for either cost-sharing reductions or Medicaid.

On February 24, 2015, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for March 17, 2015 at 1:00 pm.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

On March 17, 2015, you failed to appear by telephone for your scheduled hearing. An impartial Hearing Officer attempted to contact you at the phone number you provided to the Marketplace on three separate occasions between 1:03 pm and 1:33 pm. We were unable able to reach you.

Accordingly, we are dismissing your appeal.

## **How Does this Dismissal Affect Your Eligibility?**

Your spouse's eligibility has not changed. The Marketplace's preliminary eligibility determination prepared on February 14, 2015 and the corresponding notice of eligibility determination issued on February 15, 2015, remain in effect.

## **If You Think Your Appeal Should Not Be Dismissed**

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing, explain why you did not appear for your hearing as scheduled.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

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## **How to Contact the Marketplace**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Legal Authority**

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530.

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**A Copy of this Notice Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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